

MULTIPLE DEPENDENT CLAIM 10 / 588299  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X			
2			X			
3			X			
4			X			
5			X			
6						
7				/		
8				/		
9				/		
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	4	←	11	←		←
TOTAL CLAIMS	5	[REDACTED]	12	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	
TOTAL CLAIMS			12			←